

FOR THE LOVE OF LIFE: A Pastoral Letter

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Dearly beloved in Christ,

Our Holy Father in his Gospel of Life has reiterated the enduring teaching of the Church: "Abortion and euthanasia are crimes which no human law can claim to legitimize." From the times of the Apostles, the Church has taught us to obey legitimate governments; but at the same time the Church boldly proclaimed: "We must obey God rather than men" (Acts 5:29).

In the Old Testament when the Pharaoh ordered the midwives to kill the newborn male children, they refused to do so, "because the midwives feared God" (Ex. 1:17). It is precisely in a reverential obedience to God's law that those women found the courage to resist unjust human laws. Abortion and euthanasia are Pharaoh's laws and must be resisted. Every Catholic should stand up and be counted. We are called by our Baptism and Confirmation to be apostles of the Gospel of Life. We believe in a God who is a lover of life.

In defending the cause of life, we are not only fulfilling our vocation as Catholics, but we are also defending the vision of democracy that is embodied in the Declaration of Independence that states "We hold these truths to be self-evident," namely, that we are all created equal and are endowed by our Creator with certain inalienable rights, the first of which is the right to life. Today, this most fundamental human right is threatened. As the Bishops of the United States have said in our document *Living the Gospel of Life*:

"As we tinker with the beginning, the end, and even the intimate cell structure of life, we tinker with our own identity as a free nation dedicated to the dignity of the human person."

If we ask ourselves what is the leading cause of death in the United States? Heart disease, cancer, smoking, AIDS are answers that come to mind. Actually, the leading cause of death in the United States is abortion.

When the abortion debate began in our country, much was made of the supposed lack of certainty as to when human life might begin. The large number of fetuses that have survived abortions and now partial-birth abortion show that we have moved far beyond those philosophical scruples. Suddenly, it does not matter when life begins, as long as abortion is available to snuff out human life in the womb at any stage of development. Proponents of abortion used to go to great lengths to describe the most pathetic cases imaginable: "A 13-year-old Down's Syndrome child, with German measles, raped by her HIV-positive father who already has six children on welfare."

The tactic was to make abortion sound reasonable, expedient. Actually, what we have done is we have devalued life. Once it was deemed that human life was expendable, the floodgates were opened and a tidal wave of abortions covered the land. Now no child is safe until that child is born. The pro-abortion forces even object to intervention in the cases of drug-using mothers or

mothers who are HIV positive. Suddenly, the unborn child has no rights whatsoever. Groups arise to prevent the cruel treatment of animals; yet the law of the land permits human beings to be tortured to death in the womb up until the moment of birth.

Chicago Attorney Paul Esposito recounts how a professor in a medical school asked his class if they would recommend an abortion in the case of a family where the father had syphilis, the pregnant wife was infected with tuberculosis, and of the four children, one was blind, another deaf and mute, another had tuberculosis, and the last was physically deformed. The vast majority voted in favor of an abortion. The professor congratulated the class for having aborted Beethoven.

What has brought us to this point, this low ebb in respect for human life? The incessant violence of the 20th century, with millions of victims of wars, holocaust, apartheid, racial, and tribal conflict, have all contributed to a certain disconnect that takes place in our hearts so as to shield ourselves from the sheer horror that has taken place. We have grown desensitized to the violence around us and to the violence of abortion.

Another cultural factor that helps explain the proliferation of abortion is the consumer society. What in the past we considered luxuries now are seen as necessities. We are on a constant quest for “creature comforts,” for time-saving and effort-saving devices. Our personal convenience and comfort is of utmost importance. We have “instant everything” but still are intent on how to acquire more things and surround ourselves with appliances and gadgets to lighten our workload. In our world, things and money are often seen as more valuable than people.

The vertiginous changes in our lives are dictated by advances in technology and a tyranny of fads and fashions. The impression created by the constant movement from the obsolete to the experimental is that nothing is permanent; everything is in flux. What was valued and revered yesterday will probably have little utility in the future. Incessant change, like excessive speed, blurs one’s vision. It becomes more difficult to distinguish between what is accidental and what is essential.

Another cultural trait that is proving to be so destructive is the exaggerated individualism that has produced many isolated self-absorbed individuals. The sense of sacrifice for the common good, for the sake of others, has been replaced by the ideal of looking out for “Number One.”

The availability of the pill has caused a disconnect between sexuality and procreation. The resultant promiscuity brings with it many unwanted pregnancies, and when contraception fails, abortion becomes the safety net. In fact, these same factors that have made abortion so amenable to our modern American culture have contributed mightily to the deterioration of the family.

Taking into account the influence of the media and the cultural trends mentioned before, we can understand the change in mentality that has come to undermine our very respect for life itself.

Packaging Abortion: Word Games

In the United States, where marketing and propaganda make fortunes, sometimes the packaging is more important than the product. Those who coined the phrase “pro-choice” to avoid the sleazy “pro-abortion” title have done a great service to the culture of death. They have covered the shame of abortion with the banner of freedom. They talk about the woman’s body, but say nothing about the tiny body growing within her body. Their ploy has helped soften their image and disguise the violence of abortion under the mantle of freedom, woman’s rights, and privacy. It puts one in mind of the story of the “Emperor’s New Clothes” where all the subjects are too intimidated to tell the emperor the truth, i.e. that he has been duped by an unscrupulous tailor. The Catholic Church is like that little child who dared tell the truth, amazed that no one else seemed to see what is so obvious.

Some people accuse us of being a one-issue Church. Those people are unaware, or pretend to be, of the Church’s rich social Gospel, in the Encyclicals of the Popes, and the many topics taken up regularly by the Bishops’ Conference: Racism, Economic Justice, Peace issues, etc. Ask the \$500-million abortion industry and Planned Parenthood how many issues they are interested in. Look at the NARAL (National Abortion Rights Action League) web page and see how they target Pro-Life politicians.

The Church’s issue is Life in all its many dimensions; but make no mistake about it, defense of innocent human life is the centerpiece of the Church’s social Gospel. The sad fact is that many voters are too concerned about partisan politics to truly examine the issues; others vote exclusively with their pocketbook. As a young priest involved in work with immigrants, I attended a heated neighborhood meeting. A local politician jumped to his feet and announced that his two great issues were housing and youth. Somebody shouted, “Yeah, your house and your kids!” We all need to look beyond our immediate personal advantage and ask what is best for America; namely, protecting the most basic human right, the right to live.

Catholics should realize that if you vote for a politician who supports abortion, you are responsible for promoting abortion in our country. That is a terrible responsibility! Remember that the phrase, “personally opposed, but” means: “I don’t have the courage of my convictions;” or “I am not so opposed that I would vote against it;” or “I’m really in favor, but I don’t want to offend voters.”

Some say: “I am opposed to abortion, but I cannot impose my religion on the whole population.” Defending human rights is not imposing Catholicism on the country. An appeal to respect for pluralism in this case is spurious. How about people who would say: “I am opposed to slavery or cannibalism, but I don’t want to impose my religion on others.”

Woman’s Choice, Male Coercion

Studies have shown that women are more Pro-Life than men. Certainly the maternal instincts and closeness to the source of life dispose women to be more protective of children. So, despite the talk about “the woman’s body” and the “woman’s choice;” oftentimes the big supporter of abortion is the man who is quite happy to vest all reproductive responsibility in the woman. This creates a situation in which men can easily rationalize their irresponsibility towards women who opt not to have an abortion.

According to the Allan Guttmacher Institute, 80 percent of all abortions are sought by single women. With abortion as an option, a man can compel a woman to have an abortion by denying his responsibility or threatening to abandon her if she “chooses” to give birth. For the unwilling father, an abortion is a bargain compared to monthly child support payments. Studies show that coercion by the male partner is a major factor in many a woman’s “choice” to have an abortion. A survey conducted by the Medical College of Ohio surveyed 150 women who “identified themselves as having poorly assimilated the abortion experience.” Of the 81 respondents, more than one-third had an abortion under duress. Fewer than one-third initially considered the abortion themselves. In cases where women initially chose to bear the child, their male partners were opposed by a margin of 8-to-1.

In all these cases, the logic that was operative was: since the male partner was willing to pay for the abortion and since the woman had a “constitutional right” to have an abortion even over the objections of the man, by her failure to seek an abortion, she took sole responsibility for the child. The other corollary of this premise is that the man should not be liable for any child support.

Permissive abortion policies have created a climate where men can enjoy sexual relations with little concern for their consequences. Whose freedom is guaranteed by abortion, if not the man’s? Even back in 1869, Susan B. Anthony (the American feminist whose image graces the silver dollar) wrote in the feminist newspaper, *The Revolution*: “Guilty? Yes, no matter what the motive, love of ease, or a desire to save from suffering the unborn innocent, the woman is awfully guilty who commits the deed. It will burden her conscience in life, it will burden her soul in death; but, oh, thrice guilty is he who, for selfish gratification, heedless of her prayers, indifferent to her fate, drove her to the desperation which impels her to the crime.”

Illegal Abortions as Justifications for Legal Ones

Pro-abortion advocates have latched on to the coat hanger as a symbol of their movement. It is supposed to represent the many woman harmed or killed by illegal abortions performed by “back-alley butchers.” The mutilation or death of any woman during an abortion is tragic. It is one more indication that every abortion is a dangerous assault on a woman. However, the push to legalize the highly risky RU-486 casts some doubt on the sincerity of the concern of pro-abortion advocates for woman’s safety. We do not want to see women suffer, but neither can we turn a blind eye on the innocent child whose life is snuffed out by abortion.

The pro-abortion movement has tried to exaggerate the number of tragic deaths of women undergoing illegal abortion as a strategy to convince the public that it was imperative to legalize abortion.

Before the days of *Roe vs. Wade*, Dr. Bernard Nathanson, one of the co-founders of NARAL and his confederates routinely fabricated statistics about women who allegedly died as a result of illegal abortions. In “*Aborting America*” Nathanson states: “How many deaths were we talking about when abortion was illegal? In NARAL we generally emphasized the drama of the individual case, not the mass statistics, but when we spoke of the latter, it was always “5,000 to 10,000 deaths a year. I confess that I knew the figures were totally false, and I suppose the others

did too, if they stopped to think about it. But in the ‘morality’ of the revolution, it was a useful figure, widely accepted, so why go out of our way to correct it with honest statistics. The overriding concern was to get the laws eliminated, and anything within reason which had to be done was permissible.”

According to the U. S. Bureau of Statistics, there were 39 deaths as a result of illegal abortions in 1972, the year before Roe vs. Wade. Dr. Hilger’s study estimates that there were approximately 98,000 illegal abortions a year in the years prior to Roe vs. Wade. A far cry from the 1.5 million annual abortions now.

It is also misleading to assert that all abortions before Roe vs. Wade were performed by “back-alley butchers.” In a 1960 article “Illegal Abortions as a Public Health Problem” in the “American Journal of Health,” Dr. Mary Calderone, president of Planned Parenthood, stated that: “90 percent of all illegal abortions are presently done by physicians.” We can only conclude that Roe vs. Wade triggered a metamorphosis of “back-alley butchers” into the “reproductive health providers” of our own days.

The false statistics, the dramatization of the most pathetic cases, and the denial that unborn babies have rights have been the strategies adopted by the abortion movement in the United States. Too many people have been duped by their strategies.

Roe vs. Wade was supposed to make abortions safe. The truth is that women are still dying as a result of legal abortions. The huge volume of abortions has put many more women at risk. Abortion is a \$500-million-a-year industry. There is a great monetary incentive to do them as quickly as possible, placing women at greater danger. In addition, the abortion rights advocates in their determination to keep abortion legal have succeeded in making it difficult to prosecute incompetent abortionists.

The Testimony of a Survivor

Even today, licensed abortionists performing legal abortions kill their share of women. Then too, sometimes legal abortions fail by not succeeding in killing the baby. On April 22, 1996, Gianna Jessen gave testimony before the Constitutional Subcommittee of the House Judiciary Committee. Gianna was 19 years old at the time of the hearings. She recounted how her biological mother had decided to have an abortion. The saline abortion did not kill the fetus. A two-pound baby was born. A staff nurse called Emergency Services, and the baby was taken to the hospital. The abortion left the baby severely damaged; but years of braces, operations, and therapy have allowed Gianna to walk.

Gianna ended her testimony by witnessing to her faith in God and her love for life. She said: “I am happy to be alive. I almost died. Every day I thank God for life. I do not consider myself a by-product of conception, a clump of tissue, or any of the titles given to a child in the womb...I have met other survivors of abortion. They are all thankful for life. Only a few weeks ago I met another saline abortion survivor. Her name is Sarah. She is two years old. Sarah also has cerebral palsy, but her diagnosis is not good. She is blind and has severe seizures. The abortionist,

besides injecting the mother with saline, also injects the baby victims. Sarah was injected in the head. I saw the place on her head where it was done.

“Today, a baby is a baby when it is convenient. It is a tissue or otherwise when the time is not right. The best things I can show you to defend life is my life. It has been a great gift. Killing is not the answer to any question or situation. All life is valuable. All life is a gift from our Creator. We must receive and cherish the gifts we are given. We must honor the right to life.”

Somehow, I do not think that a coat hanger is going to discourage this child, who was the victim of a legal abortion, from speaking out on behalf of the millions of children whose abortionists were more efficient.

Adoption

The decision to entrust your child to someone else, to a stranger, is a frightening one; and yet, we know sometimes that is the best decision, the right one. In the dispute of the two mothers before Solomon, it is the true mother who gives the child away rather than see it killed. When a mother lovingly entrusts her child to an adoptive family, she has chosen life for her baby and will always be that baby's true mother, even as she shares that vocation with the adoptive parents. One of my own nephews is adopted. We are all grateful to his mother for allowing him to live and to be part of our lives.

Adoption is getting very difficult in the States. Many fine couples are going to Korea, Russia, Rumania, and Guatemala in order to adopt a child. I believe that we could be a country that gives a home to all our children. There is no need to resort to the horrors of abortion.

We are called upon to build a society where people care about people. A society that would make it easier to be good because our laws protect human life and encourage people to seek solutions other than abortion. The fact that abortion exists as a legal and accessible procedure (so accessible at times that children can have abortions without parental consent) has led many to seek abortion rather than adoption. Birthright, and Catholic Charities, and many groups are trying to reach out to women in trouble to offer real alternatives to abortion, and I personally pledge the aid of the Diocese of Fall River to any woman seeking an alternative to abortion.

Abortion is touted as the solution for “unwanted babies” that would otherwise be doomed to a life of neglect and abuse. Still, it is hard to imagine any abuse or neglect more violent than abortion itself. The alternative should be adoption. In the United States about 50,000 adoptions take place annually; yet it is estimated that about two million couples are waiting. Many of these couples would like to adopt more than one child. Many too are willing to take hard-to-place children with special needs. There are long waiting lists for Down's Syndrome and Spina Bifida babies and even for infants with AIDS.

Each year, there are 1.5 million babies aborted. It is feasible that all these aborted babies could have been adopted by couples who are anxious to give a home to these “unwanted” children. Regulations and laws need to be changed to make adoptions more “user friendly.” In addition, the welfare of the children must take precedence over the financial interest of social service

agencies that might want to keep a child in foster care rather than release them for adoption. Likewise, strictures against interracial adoption need to be revised where they exist.

Adoption should be promoted, and adoptive parents should be supported. In the Holy Family, Jesus is raised by Mary, His biological Mother, and St. Joseph, His adoptive Father. Many wonderful couples who have no children of their own are being denied the opportunity to have a family because abortion is destroying the children of our country. According to Dr. J. C. Willke in his book on adoption, "Planned Parenthood counselors and the rest of the pro-abortion, anti-child activists have for three decades been waging a quiet but successful war against adoption." Those of us who embrace the Gospel of Life must be vocal supporters of adoption as the humane alternative to abortion for "unwanted children." Those children are wanted!

Mercy and Love

To proclaim the Gospel of Life, we must speak with love and compassion. Violence against abortionists does not promote the cause of life. People should have the right to demonstrate and pray in front of abortion clinics, but their presence there should be one marked by a deep commitment to non-violence and a desire to show the compassionate face of a community that stands ready to help women in trouble without condemning them or looking down on them. "There but for the grace of God go I," must be ever our attitude.

People with love and mercy in their hearts are best equipped to counsel women in difficult pregnancies who are contemplating an abortion. Such counseling has saved countless babies from being discarded.

Even the abortionists are not beyond redemption. Had I known Dr. Nathanson when he was the champion of NARAL and making a fortune in the abortion industry, doubtlessly I would have felt animosity toward him. I would certainly never have imagined that one day I would call upon him to defend the cause of life. As Bishop in the Virgin Islands, I received a distressing call from a young lawyer in Honduras informing me that the legislature in that nation had just legalized abortion. I called Dr. Nathanson who immediately consented to travel with me to Honduras where he spoke at the National University, on television, and to various groups. His film, "The Silent Scream," had just been translated into Spanish and made quite an impression on the Honduran people. The legislation was reversed, in great part because of the moving testimony of a man who knew more about abortion than anyone in Honduras. Years later, Cardinal John J. O'Connor received Dr. Nathanson into the Church. It is the story of a modern St. Paul. Remember to pray for abortionists as St. Stephen did for Saul.

Cardinal O'Connor was a lion in defense of life and an implacable foe of abortion. It is fitting that the Cardinal baptize a converted abortionist like Bernard Nathanson, and present for canonization to sainthood Dorothy Day, who herself had an abortion before she discovered Christ. The ultimate goal of the Pro-Life movement is to change people's hearts and help them recognize how precious life is.

Project Rachel

Project Rachel is the post-abortion healing ministry of the Catholic Church. It was founded in 1984 by Vicki Thorn, in the Archdiocese of Milwaukee and is now in over 100 dioceses in the United States.

This wonderful organization is composed of a network of specially trained clergy, spiritual directors, and therapists who provide compassionate one-on-one care to persons struggling with the painful aftermath of abortion.

In addition to the spiritual tragedy that befalls those involved in abortion, many psychological manifestations can appear: guilt, depression, low self-esteem, sense of alienation, shame, anger, nightmares, drug and alcohol abuse, sleep disorders, phantom pregnancy, and difficulties in subsequent pregnancies. Those involved in an abortion: the mother, the father, and accomplices are all scarred by the event.

The Project Rachel workers help abortion victims through a process of reconciliation and healing that begins by telling the victim's story with all its pain and anger. The support of the counselors helps the victim of abortion to forgive those involved and to come to seek forgiveness. Experiencing God's forgiveness and forgiving oneself is the goal of Project Rachel. Every abortion leaves two victims: one dead and one wounded.

We can together mourn the loss of the baby and work to heal the wounded survivor by the overwhelming power of God's love and mercy.

Project Rachel takes its name from Matthew's account of the massacre of the Holy Innocents where the sacred writer quotes from the book of Jeremiah: "A voice was heard in Ramah, sobbing and loud lamentations; Rachel weeping for her children since they were no more" (Jer. 31:15). The pain, guilt, and sense of loss of those who have made this tragic mistake of aborting their child is like that of Rachel in her inconsolable sorrow.

Rachel is seen as reaching through history and weeping for her children as they are carried off into bondage in Babylon. Her lament echoes in the sorrow unleashed by the slaughter of the Holy Innocents by Herod when he tries to destroy the Christ child. The Lord assures Rachel that her children will return from exile and that families will be united through the loving embrace of God's mercy. This is the vision of Project Rachel.

As a Church of sinners called to conversion, we want to reach out in love and mercy to those who have had abortions. We do not trivialize what they have done. We acknowledge the evil done to themselves and to their children; but we do not judge or condemn them; rather we encourage them to have faith in God and His mercy.

In speaking on abortion, we must learn to always invite those who have been involved in abortions "to come home," to free themselves of the burden by embracing the saving power of the Cross, to draw near the throne of God's mercy where what is loosed on earth is also loosed in heaven.

With humility and love we want to show the face of the Good Shepherd who leaves all behind to pursue the one lost sheep; and when He finds the sheep, He puts it on His shoulders and carries it home.

Physician-Assisted Suicide

Physician-assisted suicide and euthanasia find support because of strong cultural trends that influence people's attitude. The first of these trends is the absolutization of autonomy. We have gone from a paternalistic approach to medicine that left treatment decisions solely to the doctors, to the consensus that the individual patient's decision is paramount.

Little attention is given to the moral principles that need to inform and guide the patient's decision. The attitude is: "It's his life, let him decide." This same exaggerated autonomy is at play in much of the pro-abortion justification. Just as people can choose to end the life of their unborn children, up until minutes before they are born, so they can opt to end their own life when it is burdensome. Exaggerated autonomy translates into a total accommodation to the patient's wishes without reference to right and wrong.

A corollary of absolutized autonomy is an intolerance of dependence on others. People abhor being helpless and dependent. Given the primacy of independence in our American culture, we tend to carry personal freedom to an extreme. Yet the truth is we are social creatures and dependent upon one another. Life consists in giving and receiving. At the beginning and at the end of life, it is receiving that predominates. Today, I care for a sick person, tomorrow some one else will care for me. This is part of our life cycle. A person's dignity and value is not contingent on health or capacity to produce. Each human being has a value that is not diminished by deteriorating health or advancing age.

To be human is to live the constant tension of dependence and independence. St. Francis wanted his friars to beg in order that they experience their dependence on others. It is humbling, but it is also liberating, especially when we come to understand interdependence as the human condition. Physician-assisted suicide is not an expression of compassion, it is a flight from compassion. It is a rejection of our interdependence on one another. Like many facile solutions, it is immoral. What passes for mercy is really an act of isolation and abandonment.

The transformation of "health care" into "the health industry" has brought about a divorce in the medical profession from the very values that make health care a human service. Issues that are totally foreign to holistic human care have taken center stage: competition, profits, government controls, liability.

The doctors themselves feel less satisfaction in their profession as the doctor-patient relationship fades into the background as anachronistic. The doctor has suddenly become "the provider." Managed care often sets up an economic rivalry between the doctor and the patient. The sense of trust has been sacrificed on the altar of efficiency.

There is an impression that physicians are interchangeable. The culture of care and compassion is being replaced by a business ethos. As Joseph Califano said: "For many doctors and hospitals, the business of medicine is more business than medicine."

We are not in a position to blame the medical profession, or the lawyers or insurance companies or HMO's. What we can all be sure of is that the situation will not change if we do not recapture the idealism and fidelity to principles that has been the driving force in health care since Hippocrates formulated his oath. As followers of Jesus Christ, we look to the example of Jesus' loving ministry to the sick and suffering. He called people by name; He touched them in love; He healed them in body and spirit.

It is important that we provide the loving care our dying brothers and sisters need. Mother Teresa began her special vocation to God's poor by aiding the dying people in the gutters of Calcutta. She took them on her back or in a wheelbarrow to an old abandoned Hindu temple where she cleaned them and fed them and did whatever possible so that they could die surrounded by love. She called this, "doing something beautiful for God."

How do we in the richest nation in the history of the world take care of our dying? Do we do something beautiful for God by doing something beautiful for His sick and suffering? As a country, we need to care for our dying and not see them as a burden on society. We must recognize our interdependence. We need each other. The Golden Rule expresses it well: "Love your neighbor as you love yourself." We can take it a step further, "Take care of your neighbor, and a neighbor will take care of you."

Autonomy vs. The Common Good

In today's world the individual's autonomy is seen as cultivating self-realization apart from any concern about how our personal desires and ambitions contribute to the good of society as a whole. According to this philosophy of individualism, no one can tell me what is good for me.

The social nature of the human condition, however, challenges the premises of individual autonomy. We are born into a society, a family, a community. These relationships are crucial for a full human life. The moral vision of the Church insists that the communal aspect of life must be structured to support the dignity of every human being. Accordingly, all expressions of personal freedom must be judged with their social implications. It has often been stated that freedom of speech does not entitle one to shout, "Fire!" in a crowded theater where there is no fire.

The same is true for the way we die. The way we die is affected by and effects our relationship with others. Therefore, physician-assisted suicide and euthanasia must be scrutinized in light of our communal commitments and values. To allow physician-assisted suicide legalizes killing and is an assault on human dignity. Euthanasia is not a private act of "self determination," or a matter of managing one's personal affairs. It is a social decision. A decision that involves the person to be killed, the doctor doing the killing, and the complicity of a society that condones the killing.

The principle of the common good demands that we examine the impact of physician-assisted suicide on our general attitude toward life and the taking of life, on our attitude towards caring

for the terminally ill or for the people who are permanently disabled. We must ask what impact does this barbarian practice have on doctor-patient relationships already strained by the incubus of “the bottom line.” Euthanasia would save millions of dollars for the insurance industry which would almost certainly become a major proponent of a liberal use of this cost-saving device that would fill their coffers.

Holland: Pioneer in Euthanasia

A policy of euthanasia will inevitably lead to establishing social standards of acceptable life. When “quality life” is more important than life itself, the mentally ill, the disabled, the depressed, and those who cannot defend themselves will be at risk of being eliminated. What is happening in the Netherlands is a clear indication of the natural evolution of social policies like physician-assisted suicide. There, euthanasia has come to replace physician-assisted suicide, and the high percentage of “botched physician-assisted killing” has led to a discussion about training physicians better in the art of killing people so that they will be more proficient.

In the past, society has not permitted doctors to act as public executioners, something seen as incompatible with their profession, as contrary to common sense, and as a violation of the Hippocratic Oath, not to kill. Intentionally killing a patient does not fit within the aims of the medical profession, viz. to promote healing and wholeness, to relieve pain, to allay anxiety and uncertainty, and to be a comforting presence. It is not the competence of the physician to determine the value of life and what kind of lives are worth living.

The Netherlands is the first country to legalize the practice of euthanasia. At first it was limited to a few cases, but has quickly grown to alarming proportions. Each year approximately 130,000 persons die in that country. Routinely, 20,000 are killed by doctors. As many as half of these never requested to be killed. It is now permissible to kill infants when it is ascertained they do not have the prospect of an adequate quality of life.

In Holland, reports have been published documenting the sad fact that elderly patients, out of fear of euthanasia, refuse hospitalization and even avoid consulting doctors. R. Fenigsen in the September 30, 1987, Wall Street Journal, “Involuntary Euthanasia in Holland” reports:

“An inquiry among hospital patients showed that many fear their own families may ask for euthanasia without consulting them. The Dutch Patients’ Association placed a warning in the press that, in many hospitals, patients are being killed without their will or knowledge, or the knowledge of their families and advised the patients and their families to carefully inquire on every step in the treatment, and when in doubt, to consult a reliable expert outside the hospital.”

In 1995, the Northern Territory of Australia also legalized euthanasia; and in our own country, the State of Oregon has approved physician-assisted suicide. As with abortion, we might presume that the practice of euthanasia will be introduced slowly, beginning with physician-assisted suicide; but if physician-assisted suicide is legalized, it will expand rapidly. Abortion was introduced for the most rare and tragic cases; and now 1.5 abortions are performed each year, and 99 percent are for social and economic reasons, not rape, incest, or danger to the mother.

Once the state usurps the power to decide that some people are not worthy to live and authorizes their elimination, all human life is in danger. A 1994 report on assisted suicide prepared by the New York State Task Force on Life and the Law made the following prediction: “Assisted suicide and euthanasia will be practiced through the prism of social inequality and prejudice that characterizes the delivery of services in all segments of society, including health care. Those who will be most vulnerable to abuse, error, or indifference are the poor, minorities, and those who are least educated and least empowered.”

A Crucial Distinction

It is important to distinguish between directly taking a person’s life and allowing a terminally ill person to die and not keep him or her alive artificially, unnecessarily prolonging life when there is no chance of recovery or improvement. This does not mean that we can starve someone to death or kill them by withdrawing hydration; but it does mean that other more extraordinary means can be withheld to allow someone to die in peace, because their time has come. The Church’s opposition to euthanasia and physician-assisted suicide does not imply that a dying person should be kept alive at all costs and for as long as possible.

The Holy Father describes the important distinction between euthanasia and withdrawing treatment in “The Gospel of Life”:

“Euthanasia must be distinguished from the decision to forego so-called ‘aggressive medical treatment,’ in other words, medical procedures which no longer correspond to the real situation of the patient, either because they are by now disproportionate to any expected results or because they impose an excessive burden on the patient and his family. In such situations, when death is clearly imminent and inevitable, one can in conscience refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted.... To forego extraordinary or disproportionate means is not the equivalent of suicide or euthanasia; it rather expresses acceptance of the human condition in the face of death” (#65).

The Holy Father goes on to say that palliative care and the use of various types of painkillers and sedatives for relieving pain are legitimate even when this involves the “risk of shortening life.” The intent is not to hasten death, but only to ease the pain of the dying patient.

Unfortunately, there has been inadequate control of pain for those with terminal illnesses, and this urgently needs to be addressed. The medical profession must do more to prepare our medical personnel to care for the dying by assessing people’s pain in order to control it. Our diocesan nursing homes and St. Anne’s Hospital have initiated pain management programs. We trust, too, that the spiritual attention directed toward our dying brothers and sisters will also be a source of strength.

In our contemporary culture, suffering is an unmitigated evil to be avoided at all cost. As Elizabeth Kübler Ross asserted: “there has been at work in our society a more pervasive and portentous avoidance of the distinctly human experience of suffering. Amid cultural uncertainty

about good and evil, suffering has come to be viewed as the secular equivalent of sin, from which we need to be saved.”

As believers, we seek meaning for suffering in the Cross of Jesus Christ: “Human suffering has reached its culmination in the passion of Christ; and, at the same time, it has entered into a completely new dimension and a new order: it has been linked to love of which Christ spoke to Nicodemus: ‘God so loved the world that He gave His only Son, that whoever believes in Him should not perish but have eternal life’” (Salvifici Doloris, John Paul II).

Hospice care has been an important development that has gone far in preparing individuals and their families for the passage from life to death. The first hospice opened in 1974 in New Haven, Connecticut. Today, there are over two thousand hospices serving hundreds of thousands of dying patients both in their homes and in residential centers. The mission of the Hospice Movement has been defined as “a celebration of life in the face of death offering medical, emotional, and spiritual support for the terminally ill.”

In our own Catholic Community in Fall River, we are blessed to have the Rose Hawthorne Lathrop Home which represents the Church’s own “hospice” for the dying. For over a century, the Hawthorne Dominican Sisters have lovingly received patients who are dying of cancer to care for them free of charge until God calls them home.

Attitude Towards Death

Part of the problem that faces people dying in our country today is our attitude toward death. Modern medicine sees death as a medical defeat that must be resisted aggressively with all the technology at our disposal; but at some point the technology and “miracles of modern medicine” break down and we are confronted with our own mortality. In our modern culture, there is a cultural rejection of death. The youth culture and quest for the fountain of youth in dieting, cosmetic surgery, and hair transplants all eventually end up in failure. Yet, we continue to reject death. Physician-assisted suicide is the flip side of that rejection. “If I have to die, it will be on my own terms.”

Our faith is a great corrective to all this. We see life as a pilgrimage, at times a valley of tears; yet, we are on route to a better life that Christ won for us on the Cross. “Christ does not explain in the abstract the reasons for suffering, but before all else He says: “Follow me! Come! Take part through your suffering in this work of saving the world, a salvation achieved through my suffering! Through my cross!” Gradually, as the individual takes up his cross, spiritually uniting himself to the Cross of Christ, the salvific meaning of suffering is revealed to him” (Salvifici Doloris #26).

In Support of Life

Seeing the growing trend to devalue the human life of the sick and dying, the Bishops of Massachusetts have began a process to educate the Catholics of Massachusetts on physician-assisted suicide and end-of-life issues. We already have coordinators from all the parishes in the Commonwealth. Please cooperate with the important educational efforts that are taking place.

People are often prone to accept the concept of physician-assisted suicide until they take a closer look and understand all the implications.

Physician-assisted suicide is already a reality in Oregon, and Maine will have a referendum next month. We are calling on all our Catholics to turn to God in fervent prayer that the people of Maine will reject this assault on human life. We hope that the issue will not surface in the Commonwealth. If it does, we pray that our people will have a firm grasp of the serious immoral nature of this practice and that they will give an eloquent witness to the Church's Gospel of Life.

We must make every effort to teach our young people about the sacredness of human life. They will live to see assaults on human life that we cannot begin to imagine.

Conclusion

The question we must ask ourselves as we begin this new millennium is: "What kind of world do we want to live in and to pass on to future generations? A society fueled by greed, individualism, and hedonism, governed by a precarious balance of power among various interest groups? A society where financial consideration prevails over the common good, where fads and fashions have more appeal than virtues and a spirit of altruism and service?"

We have just ended a century that was unequalled in violence. It is time to take a long, hard look at the direction that we are taking as a people. Are we building a society where it will be easier to be good, where people know the difference between right and wrong? Will we become a people who care about people, especially those who are most vulnerable at the beginning and the end of the life cycle? Will we make room for all at the table of life?

I am convinced that we must build a civilization of love on God's Commandments, or we will have no civilization at all. What should be obvious to us all is that "business as usual" will not do. And we need to begin with: "Thou shalt not kill."

Devotedly Yours in Christ,
Most Rev. Sean P. O'Malley, OFM Cap.
Bishop of Fall River
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